

*medco*<sup>®</sup>

YOUR<sub>X</sub> PLAN<sup>™</sup>

## Summary of Benefits

National

# Commonwealth of Virginia Retiree Health Benefits Program

# Section 1

## Introduction to the Summary of Benefits for YOURx PLAN™

This Medicare-approved Prescription Drug Plan has been designed specifically for Medicare-eligible participants in the Commonwealth of Virginia Retiree Health Benefits Program. It offers a benefit structure with the potential for coverage during gaps that exist under the basic Medicare prescription drug benefit. It is separate and distinct from Medicare Part D Prescription Drug Plans described at the Medicare website under the Medicare Prescription Drug Plan Finder Tool.

**January 1, 2007 – December 31, 2007**

The service area for this plan includes all 50 states, the District of Columbia, and Puerto Rico.

Thank you for your interest in **YOURx PLAN** brought to you by the Commonwealth of Virginia Retiree Health Benefits Program (the state program) and Medco. Our plan is offered by MEDCO CONTAINMENT LIFE INSURANCE COMPANY (Medco), a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call **YOURx PLAN** and ask for the "Evidence of Coverage."

### YOU HAVE CHOICES IN YOUR MEDICARE PRESCRIPTION DRUG COVERAGE.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option for eligible state retiree group participants is to get prescription drug coverage through the state program's **YOURx PLAN**. Another option is to get prescription drug coverage through a Medicare Prescription Drug Plan not associated with the state program or through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice. No matter what you decide, you still have Medicare prescription drug coverage.

### HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by the state program's **YOURx PLAN** to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

### ALL FUTURE REFERENCES TO YOURx PLAN REFER TO YOURx PLAN UNDER THE STATE PROGRAM.

### WHERE IS YOURx PLAN AVAILABLE?

The service area for this plan includes: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. You must live in one of these areas to join this plan. If you move out of the state or county where you live into a state listed above, you must contact your Commonwealth of Virginia Benefits Administrator to report your new address. If you move outside of this plan's service area, you will be disenrolled from **YOURx PLAN**.

### WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are eligible for coverage in the state program, you are eligible for Medicare Part D, and you live in the plan's service area. To be eligible for Medicare Part D, you must be entitled to Medicare Part A and/or enrolled in Medicare Part B. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time, including this state program, and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of a

Medicare Private-Fee-For-Services plan or are enrolled in an 1876 Cost Plan. You may join or leave a Medicare Prescription Drug Plan during certain times of the year; however, if you leave the state program at any time, you may not re-enroll in the future. Also, if you remain in the state program but drop this prescription drug plan, you may not re-enroll in this plan, or any state retiree program prescription drug coverage, at a later time. Before leaving the state program or dropping the state program's prescription drug coverage, be sure to understand your options for enrolling in another Medicare Prescription Drug Plan, since a break in creditable coverage of more than 63 days may result in a higher Medicare Part D premium. Additionally, leaving this plan midyear may result in a gap in your prescription drug coverage.

### **DOES MY PLAN COVER MEDICARE PART B AND MEDICARE PART D DRUGS?**

**YOURx PLAN** does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

### **WHERE CAN I GET MY PRESCRIPTIONS?**

**YOURx PLAN** has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

### **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

**YOURx PLAN** uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you, and you

can see our complete formulary on our website at **[www.medco.com](http://www.medco.com)**.

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?**

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage in addition to this state program coverage, you must contact your Medigap Issuer to let them know that you have enrolled in a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan and they will adjust your premium. Call your Medigap Issuer for details.

### **HOW CAN I GET HELP WITH DRUG PLAN COSTS?**

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join **YOURx PLAN**, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**. Since the state's **YOURx PLAN** offers an enhanced benefit and, therefore, has a higher premium, you may be paying for an enhanced benefit to which you do not have access. The benefit that you will receive if you qualify for the additional assistance is standard across all Medicare Prescription Drug Plans regardless of the premium charged under each plan.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area. However, if Medco discontinues **YOURx PLAN** under the state program, it would not mean that the state program would cease to offer prescription drug coverage. The state program may contract with another vendor(s) to provide such coverage.

As a member of **YOURx PLAN**, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination.

You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

## WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service that we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

**Please call YOURx PLAN for more information about this plan.**

Visit us at **www.medco.com** or call us toll-free at **1-800-572-4098**.  
TTY/TDD users should call **1-800-716-3231**.

Customer Service Hours:  
24 hours a day, 7 days a week (except Thanksgiving and Christmas).

For more information about Medicare,  
please call Medicare at **1-800-MEDICARE (1-800-633-4227)**.  
TTY/TDD users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week.  
Or visit **www.medicare.gov** on the Web.

If you have special needs, this document may be available in other formats.

If you have any questions about this plan's benefits or costs,  
please contact **YOURx PLAN** for details.

## Section 2

### Summary of Benefits The Benefit Comparison Matrix

Benefit	Original Medicare	YOURx PLAN
Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D prescription drug program.	<p>This plan does not cover Medicare Part B prescription drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to <b>www.medco.com</b> on the Web. A partial formulary is included in this package. A complete formulary is available upon request.</p> <p>People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>You pay a \$265.00 yearly deductible. The \$265.00 deductible applies ONLY to brand medications. There is no deductible for covered generic drugs.</p> <p>After you have paid your yearly deductible, if applicable, you pay the following for prescription drugs:</p> <p><b>Retail</b></p> <ul style="list-style-type: none"> <li>• \$5 for a one-month (up to a 34-day) supply of generic drugs you get at an in-network preferred pharmacy (deductible does not apply).</li> <li>• \$20 for a one-month (up to a 34-day) supply of preferred brand drugs you get at an in-network preferred pharmacy.</li> <li>• 75% coinsurance for a one-month (up to a 34-day) supply of non-preferred brand-name drugs you get at an in-network preferred pharmacy.</li> <li>• 25% coinsurance for a one-month (up to a 34-day) supply of specialty drugs you get at an in-network preferred pharmacy.</li> <li>• \$10 for a two-month (up to a 60-day) supply of generic drugs you get at an in-network preferred pharmacy (deductible does not apply).</li> <li>• \$40 for a two-month (up to a 60-day) supply of preferred brand drugs you get at an in-network preferred pharmacy.</li> </ul>

Benefit	Original Medicare	YOURx PLAN
		<ul style="list-style-type: none"><li>• 75% coinsurance for a two-month (up to a 60-day) supply of non-preferred brand-name drugs you get at an in-network preferred pharmacy.</li><li>• 25% coinsurance for a two-month (up to a 60-day) supply of specialty drugs you get at an in-network preferred pharmacy.</li><li>• \$15 for a three-month (up to a 90-day) supply of generic drugs you get at an in-network preferred pharmacy (deductible does not apply).</li><li>• \$60 for a three-month (up to a 90-day) supply of preferred brand-name drugs you get at an in-network preferred pharmacy.</li><li>• 75% coinsurance for a three-month (up to a 90-day) supply of non-preferred brand-name drugs you get at an in-network preferred pharmacy.</li><li>• 25% coinsurance for a three-month (up to a 90-day) supply of specialty drugs you get at an in-network preferred pharmacy.</li></ul>



Benefit	Original Medicare	YOURx PLAN
		<p><b>Medco By Mail</b></p> <ul style="list-style-type: none"> <li>• \$5 for up to a 90-day supply of mail-order generic drugs you get from Medco By Mail (deductible does not apply).</li> <li>• \$40 for up to a 90-day supply of mail-order preferred brand-name drugs you get from Medco By Mail.</li> <li>• 75% coinsurance for up to a 90-day supply of mail-order non-preferred brand drugs you get from Medco By Mail.</li> <li>• 25% coinsurance for up to a 90-day supply of mail-order specialty drugs you get from Medco By Mail.</li> </ul> <p><b>Out-Of-Network Benefits:</b> Copays apply at an out-of-network pharmacy ONLY in emergency situations that are approved by the plan. In non-emergency situations, you are responsible for 100% of the cost of the drug.</p> <ul style="list-style-type: none"> <li>• \$5 for a one-month (up to a 34-day) supply of generic drugs you get at an out-of-network pharmacy (deductible does not apply).</li> <li>• \$20 for a one-month (up to a 34-day) supply of preferred brand drugs you get at an out-of-network pharmacy.</li> <li>• 75% coinsurance for a one-month (up to a 34-day) supply of non-preferred brand drugs you get at an out-of-network pharmacy.</li> <li>• 25% coinsurance for a one-month (up to a 34-day) supply of specialty drugs you get at an out-of-network pharmacy.</li> </ul> <p><b>ADDITIONAL PROTECTION – CATASTROPHIC COVERAGE</b></p> <p>After your yearly out-of-pocket drug costs for covered drugs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for a generic or a preferred brand-name that is a multisource drug and \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Certain prescription drugs will have maximum quantity limits. Contact plan for details.</p> <p><b>LIMITATIONS</b></p> <p>Your provider must get prior authorization from <b>YOURx PLAN</b> for certain prescription drugs. Contact plan for details.</p>

## Section 3

### Important Information

#### PROGRAM QUALIFIERS

**YOURx PLAN** is a Prescription Drug Plan that is approved by Medicare.

The service area for this plan includes all 50 states, the District of Columbia, and Puerto Rico.

#### PREMIUMS

Beneficiaries must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D premium is \$0.

#### ENROLLMENT/DISENROLLMENT OPTIONS

Existing participants and their eligible covered dependents in the Commonwealth of Virginia Retiree Health Benefits Program may select this plan upon eligibility for Medicare. They may terminate coverage under this plan prospectively at any time by either terminating their coverage completely or selecting a Medicare-coordinating plan that does not include prescription drug coverage. Eligible new Medicare-eligible participants in the Commonwealth of Virginia Retiree Health Benefits Program may select this coverage if they do so within the required enrollment window. However, once a participant terminates coverage in the state program, he/she may not return to the program at a later time, and if prescription drug coverage is not elected upon initial enrollment or if medical-only coverage is selected at any time, the participant may not elect this plan at a later time.

**The following enrollment limitations apply to other (non-state program) Medicare Prescription Drug Plans. If you terminate Medicare-coordinating prescription drug coverage under the state program, be sure to be aware of these limitations if you wish to avoid a break in your coverage.**

#### Special Enrollment Periods

If beneficiaries disenroll for any reason other than the special election criteria options listed below, they will be unable to re-enroll until November 15, 2007.

- A move outside their approved program service area.
- They enter or leave a skilled nursing facility (like a nursing home).
- They enroll in, or disenroll from, an MA PDP plan (medical + drug benefit).
- Medco stops offering Medicare prescription drug coverage.

#### Late Enrollment Penalty

This is imposed when a beneficiary fails to maintain creditable prescription coverage for a period of 63 or more days following the last day of an individual's initial enrollment in a Part D plan.

#### Annual Coordinated Election Period for Medicare Part D Plans Not Associated With The Commonwealth of Virginia Retiree Health Benefits Program

November 15–December 31 each year.

The Commonwealth of Virginia Retiree Health Benefits Program does not have an annual enrollment period; however, allowable plan changes are addressed in your annual rate notification package.

#### Voluntary Disenrollment for Medicare Part D Plans Not Associated With The Commonwealth of Virginia Program

A member may disenroll from a Prescription Drug Plan during one of the election periods by doing the following:

- Providing a signed, written notice to Medco, or through their employer, where applicable
- Submitting a request via the Internet to Medco
- Giving a signed, written notice to any Social Security Administration or Railroad Retirement Board
- Calling **1-800-MEDICARE (1-800-633-4227)**.



Participants may cancel coverage in the state program at any time by submitting an enrollment form to their Benefits Administrator. The effective date of termination will be the first of the month after the form is received. However, once coverage is terminated, participants may not re-enroll in the program in the future. Also, if only prescription drug coverage is canceled, prescription drug coverage may not be added again in the future.

### **Required Involuntary Disenrollment**

A Prescription Drug Plan organization must disenroll an individual from a Prescription Drug Plan in the following cases:

- A change in residence making the individual ineligible to be an enrollee of the Prescription Drug Plan.
- The individual loses entitlement to Medicare.
- The individual dies.
- The Prescription Drug Plan contract is terminated, or the Prescription Drug Plan organization discontinues offering a Prescription Drug Plan in any portion of the area where the Prescription Drug Plan had previously been available.
- The individual materially misrepresents information to the Prescription Drug Plan organization regarding reimbursement for third-party coverage.
- Other Medicare Part D coverage.

### **Involuntary Disenrollment for Disruptive Behavior**

“Disruptive behavior” is behavior that substantially impairs the Prescription Drug Plan organization’s ability to arrange or provide care to the disruptive individual or other plan members.

### **Enrollment Options**

- Please contact your Commonwealth of Virginia Benefits Administrator.

### **SERVICE COMPLAINT**

If you are not satisfied with the service received from Medco, you may file a complaint. Use any of the following ways to report problems with service from your network pharmacy, Medco By Mail, or Medco’s Customer Service department:

- Call Medco toll-free at **1-800-572-4098** (TTY/TDD users should call **1-800-716-3231**).  
OR
- Fill out the Service Complaint Form located at **www.medco.com** on the Web. Please mail your completed Service Complaint Form to:  
YOURx PLAN  
Medco Health Solutions, Inc.  
Attn: Service Grievance Resolution Team  
P.O. Box 639405  
Irving, Texas 75063

If you need assistance or more information on filing a complaint, please call Medco toll-free at **1-800-572-4098** (TTY/TDD users should call **1-800-716-3231**). Representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas).

### **COVERAGE LIMITS AND APPEALS**

Some of the drugs covered by your **YOURx PLAN** have coverage limits. For example, some prescription drugs used for cosmetic reasons may not be covered without your doctor’s approval. In addition, some medications might be limited to a certain number of pills or a total dosage within a period of time.

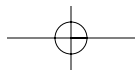
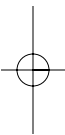
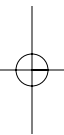
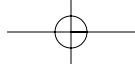
If you have a prescription for a drug with a coverage limit, your pharmacist will tell you that approval is needed before the prescription can be filled. The pharmacist will also give you a toll-free number to call.

If you are told there is a coverage limit, more information may be needed to see if your prescription meets the plan’s coverage conditions. We will notify you and your doctor of the decision in writing. If coverage is approved, the letter will indicate the amount of time allowed under your

coverage. If coverage is denied, the letter will provide an explanation and information on how to submit an appeal.

**YOURx PLAN** is authorized by law to refuse to renew its contract with CMS, and CMS also may refuse to renew the contract. Termination or non-renewal may result in termination of the beneficiary's enrollment in the Plan. In addition, **YOURx PLAN** may reduce its service area and no longer offer services in the area where the beneficiary resides.

Termination of **YOURx PLAN** by Medco may not result in termination of prescription drug options under the state program.



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